

ANNUAL TIRE SUMMARY
Indiana Department of Environmental Management
 Use of this form is required by 329 IAC 15-3-20(b) and IC 13-20-13-5.

Section A. Facility Information

Name:

Registration Number:

Mailing Address:

Street

City

State

Zip Code

Facility Contact Person:

Telephone Number (include area code):

Section B. Reporting Time Period

January 1 through December 31, 20____

Section C. Tire Summary Information for the Calendar Year

Number of Waste Tires(Check unit of measure used)

Received at this Facility: _____ ☐ whole waste tires ☐ cubic yards ☐ cubic feet ☐ pounds ☐ PTEs

Number of Waste Tires Disposed of by this Facility:
cubic feet, pounds, PTEs)

(Use these units: whole waste tires, cubic yards,

Number

Unit

Destination

Disposal Method

Number of Whole Waste Tires Remaining in Storage

Number of Waste Tire Pieces Remaining in Storage

Passenger Tire Equivalents (PTEs) _____

Passenger Tire Equivalents (PTEs) _____

Section D. Conversion Factors

			Tire Pieces			Whole Tires		
<u>multiply</u>	<u>by</u>	<u>to obtain</u>	<u>multiply</u>	<u>by</u>	<u>to obtain</u>	<u>multiply</u>	<u>by</u>	<u>to obtain</u>
pounds	0.04	PTE	cubic feet	0.8	PTE	cubic feet	0.25	PTE
PTE	25	pounds	cubic yards	21.6	PTE	cubic yards	6.75	PTE
			PTE	1.25	cubic feet	PTE	4	cubic feet
			PTE	0.046	cubic yards	PTE	0.15	cubic yards

Section E. Certification

I certify that the information in this summary is true, accurate, and complete to the best of my knowledge.

Authorized Signature

Title

Date

